

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**  
 05-19-2001 90273 027 \*\*\*150.00

**DOCUMENT #:** P95000091626  
**1. Entity Name**  
 MENAR MARKETING INTERNATIONAL CORP.

**Principal Place of Business** **Mailing Address**  
 2801 NW 74th AVE SUITE #213  
 MIAMI, FLORIDA 33122

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. **2801 NW 74th Ave**  
 #213 Suite, Apt. #, etc.  
 City & State **MIAMI** **FL.**  
 Zip **33122** Country **USA.**

A0062223

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 065-0627747 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SAME

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
 SIGNATURE *[Signature]* **04/23/2001**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back) **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. PRINCIPAL OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> Delete
NAME	CARLOS MENAR	
STREET ADDRESS	2801 NW 74th Ave #213	
CITY-ST-ZIP	MIAMI, FL. 33122	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MASALI ARKOTO	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ZOILA RODRIGUEZ	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**  
**SIGNATURE:** *[Signature]* **04/23/2001 (305) 593-1103**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)